

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

Substitute for Form PTO-1360
(For use with Form PTO/SB/06)

09805144

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1			1			
2				1		
3				1		
4				1		
5			1			
6				1		
7				1		
8			1			
9			1			
10				2		
11			1			
12				1		
13			1			
14				1		
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Total Indep			6			
Total Depend			9			
Total Claims			15			

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	Indep	Depend	Indep	Depend	Indep
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Total Indep					
Total Depend					
Total Claims					

CLAIMS ONLY

Application Number

09805144

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1			1			
2				1		
3				1		
4				1		
5			1			
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Total Indep			6			
Total Depend			9			
Total Claims			15			

	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Dep
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